

**APPLICATION DATA SHEET**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: Medicaments Containing Vardenafil Hydrochloride Trihydrate  
  
Attorney Docket Number:: Le A 35 683

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name::  
Family Name:: Serno  
City of Residence:: Bergisch Gladbach  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Offenbachstr. 12  
City of mailing address:: Bergisch Gladbach  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-51467

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Alfons  
Middle Name::  
Family Name:: Grunenberg  
City of Residence:: Dormagen  
State or Province of Residence::

Country of Residence:: Germany  
Street of mailing address:: Gneisenastr. 15  
City of mailing address:: Dormagen  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-41539

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: Ohm  
City of Residence:: Neuss  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: St.-Georg-Str. 36  
City of mailing address:: Neuss  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-41468

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Rainer  
Middle Name::  
Family Name:: Bellinghausen  
City of Residence:: Odenthal  
State or Province of Residence::  
Country of Residence:: Germany  
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State or Province of mailing address::  
Country of mailing address:: Germany  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Eimer  
Middle Name::  
Family Name:: Vollers  
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State or Province of Residence::  
Country of Residence:: Germany  
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State or Province of mailing address::  
Country of mailing address:: Germany  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Jan-Olav  
Middle Name::  
Family Name:: Henck  
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Country of Residence:: Germany  
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**Correspondence Information**

Correspondence Customer Number:: 35969

**Representative Information**

Representative Customer Number:: 35969

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/007093	07/03/2003

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
DE	10232113.2	07/16/2002	YES

**Assignee Information**

Assignee name: Bayer Healthcare AG

Street of mailing address:

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: Germany

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